

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

403312

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2	/						52						
3		/					53						
4		/					54						
5		/					55						
6	/						56						
7	/						57						
8		/					58						
9		/					59						
10		/					60						
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12		/					62						
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14		/					64						
15	/						65						
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17		/					67						
18		/					68						
19		/					69						
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38	/						88						
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40		/					90						
41		/					91						
42	/						92						
43	/						93						
44		/					94						
45		/					95						
46		/					96						
47	/						97						
48	/						98						
49		/					99						
50		/					100						
TOTAL IND.	18						TOTAL IND.						
TOTAL DEP.	33						TOTAL DEP.						
TOTAL CLAIMS	51						TOTAL CLAIMS						